

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155329		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/20/2012	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for Investigation of Complaint IN00115145.</p> <p>Complaint IN00115145- Substantiated. Federal/State deficiencies related to the allegations are cited at F156 and F282.</p> <p>Survey dates: September 19 & 20, 2012</p> <p>Facility number: 000222 Provider number: 155329 AIM number: 100274950</p> <p>Survey team: Mary Jane G. Fischer, RN</p> <p>Census bed type: SNF: 10 SNF/NF: 144 Total: 154</p> <p>Census payor type: Medicare: 49 Medicaid: 82 Other: 23 Total: 154</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a Desk review on or after 10/01/2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	16.2. Quality review completed on September 21, 2012 by Bev Faulkner, RN						

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F0156 SS=B	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>						

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to ensure appropriate admission to the facility which included information in writing to the resident and /or concerned family member in regard to resident rights and facility responsibilities for 3 of 4 residents reviewed for admission process. [Residents "A", "C", and "D"].</p> <p>Findings include:</p> <p>1. The record for Resident "A" was reviewed on 09-19-12 at 12:18 p.m. Diagnoses included but were not limited to pneumonia, diabetes mellitus, hypertension, kidney disease congestive heart failure and cardiomyopathy. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 06-14-12 and</p>	F0156	<p>F156 Notice of rights, rules, services, charges It is the practice of this provider to ensure that all alleged violations involving notice of rights, rules, services, charges, are provided in accordance with State and Federal law through established procedures. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? 2 of the 3 residents no longer reside in the facility and refused to review and sign the admission paperwork. The third resident's admission paperwork has been reviewed with the resident and family and has been signed appropriately. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All</p>		10/01/2012		

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	<p>discharged on 06-22-12.</p> <p>A request was made on 09-19-12 at 11:12 a.m., to review the Admission packet/business office file for the resident.</p> <p>Interview on 09-19-12 at 11:40 a.m., the Administrator indicated the facility did not have "signed" Admission paperwork for the resident.</p> <p>Interview on 09-20-12 at 9:10 a.m., a concerned family member indicated, "I was at the facility everyday, and sometimes I stayed the night with [resident]. There was ample time for someone to come in and explain the paperwork to me. My [resident] was there 7 days. They [facility staff] told me that as long as I agreed when [resident] was in the hospital for admission to Rosewalk, that was considered an agreement for admission. On the day [resident] was sent out to the hospital emergency room, [name of Admission Director employee #4] asked me to sign the paperwork as we were going out the door. I couldn't believe it."</p> <p>When interviewed if anyone explained anything about Resident rights and responsibilities, appeal process or the facility's responsibility, the concerned</p>				<p>residents who admit to the facility have the potential to be affected by this alleged deficient practice. All new admissions residing in the facility were audited by the admissions coordinator and the appropriate admission paperwork was verified complete. The admissions coordinator will be re-educated on the admissions process and the timeliness of admission paperwork review and signing by the ED or designee by 10/1/12 What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? The admissions coordinator will be re-educated on the admissions process and the timeliness of admission paperwork review and signing by the ED or designee by 10/1/12 Admission paperwork will be checked by the SS department or designee to ensure all admission paperwork has been reviewed and appropriately signed. When a resident is scheduled for admission to the facility the admissions coordinator will contact the resident and or family and schedule a time to complete the admission paperwork. The admission paperwork signing and review will be schedule prior to the admission or in a timely manner after the admission occurs. How the corrective action(s) will be monitored to ensure the deficient practice</p>		

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	<p>family member indicated "no."</p> <p>2. The record for Resident "C" was reviewed on 09-19-12 at 11:32 a.m. Diagnoses included but were not limited to hypertension, acute on chronic kidney failure, congestive heart failure, and anemia. These diagnoses remained current at the time of the record review. The resident was admitted to the facility on 08-30-12 and was discharged to the local area hospital on 09-11-12.</p> <p>A request was made on 09-19-12 at 11:12 a.m., to review the Admission packet/business office file for the resident.</p> <p>Interview on 09-19-12 at 11:40 a.m., the Administrator indicated the facility did not have "signed" Admission paperwork for the resident.</p> <p>Interview on 09-20-12 at 2:10 p.m., the Admissions Director indicated the resident returned to the facility from the hospitalization on 09-19-12, and the Admission paperwork was signed "this morning."</p> <p>3. The record for Resident "D" was reviewed on 09-19-12 at 12:40 p.m. Diagnoses included but were not limited to hypertension, diabetes mellitus, renal</p>		<p>will not recur, i.e. what quality assurance program will be put into place? A admission process review CQI audit tool will be completed once weekly x4, bi-weekly x2, and then monthly thereafter by the DNS or designee. The admission process review CQI audit tool will be reviewed monthly by the CQI Committee for 6 months after which the CQI team will re-evaluate the continued need for the audit. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 10/1/12</p>				

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	<p>disease anemia and ischemic heart disease. The record indicated the resident was admitted to the facility on 07-26-12 and was discharged to a local area hospital on 08-07-12.</p> <p>A request was made on 09-19-12 at 11:12 a.m., to review the Admission packet/business office file for the resident.</p> <p>Interview on 09-19-12 at 11:40 a.m., the Administrator indicated the facility did not have "signed" Admission paperwork for the resident.</p> <p>Interview on 09-20-12 at 2:10 p.m., the Admissions Director indicated the resident's spouse constantly was "in and out of the building bringing things to [name of resident] but never seemed to have time to sign the admission paperwork. I never got it signed."</p> <p>4. Interview on 09-20-12 at 2:10 p.m., the Admissions Director indicated she had a problem with getting families or residents to sign the Admission paperwork. "I saw [family member of Resident "A"] when [resident] was going out to the hospital and asked [family member] to sign the paperwork, and [family member] refused at that time and requested a meeting with [name of</p>						

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	<p>Administrator] and me for the following Monday. When I called to confirm the meeting [family member] indicated [family member] would not come in to the facility and meet with us. Getting the Admission paperwork signed has been an ongoing problem."</p> <p>5. When requested a policy related to the Admission process to include notification of rights and responsibilities on 09-19-12 at 3:30 p.m., the facility provided a response on 09-20-12 at 1:20 p.m., and indicated there was "no policy present for admission paperwork."</p> <p>This Federal tag relates to Complaint IN00115145.</p> <p>3.1-4(a)</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a physician order was followed in that when a resident had a change in condition that included a decrease in blood pressure, the nursing staff failed to follow the physician orders to hold or resume blood pressure medications in accordance with blood pressure readings for 1 of 3 residents reviewed for change on condition in a sample of 4. [Resident "A"].</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 09-19-12 at 12:18 p.m. Diagnoses included but were not limited to pneumonia, diabetes mellitus, hypertension, kidney disease congestive heart failure and cardiomyopathy. These diagnoses remained current at the time of the record review.</p> <p>At the time the resident was admitted to the facility, the admitting orders included the following anti-hypertensive medications: Nifedical XL 60 mg [milligrams] by mouth two times a day,</p>		F0282	<p>F282 service by qualified persons/per care plan It is the practice of this provider to ensure that all alleged violations involving services by qualified persons/per care plan are provided in accordance with State and Federal law through established procedures. What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? The resident no longer resides in the facility. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents who reside in the facility and receive blood pressure medications have the potential to be affected by this alleged deficient practice. All licensed nurses will be re-educated on following MD orders, appropriate order transcription, and hold orders for medications by the SDC or designee by 10/1/12 What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? All</p>		10/01/2012	

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	<p>Carvedilol 25 mg by mouth two times a day and Losartan 100 mg by mouth daily.</p> <p>Review of the nurses notes, dated 06-19-12 at 9:45 a.m., indicated "Resident very weak on assessment of VS [vital signs] BP [blood pressure] low, NP [nurse practitioner] aware. N.O. [new order] for IV [intravenous] fluids and labs."</p> <p>Review of the "Vitals Report" indicated the resident's blood pressure on 06-19-12 was 78/52 at 9:48 a.m.</p> <p>A physician order, dated 06-19-12 at 2:20 p.m., instructed the nursing staff to "Hold BP meds [medications] if SBP [systolic blood pressure] is < (underscored) [at or less] than 100."</p> <p>A subsequent nurses note also dated 06-20-12 at 2:20 p.m., indicated "CBC[complete blood count] with diff. [differential], BMP [basic metabolic profile] hold BP medications if SBP [systolic blood pressure] under 100."</p> <p>The Medication Administration Record indicated the nursing staff "held" the resident's blood pressure medications Carvedilol 25 mg and Losartan 100 mg on 06-19-12, but failed to include Nifedical XL 60 mg.</p>		<p>licensed nurses will be re-educated on following MD orders, appropriate order transcription, and hold orders for medications by the SDC or designee by 10/1/12 Orders will be transcribed to the mar by the shift nurse responsible. When a hold order is obtained the nurse will identify the appropriate medications and transcribe the hold parameters on the appropriate medication orders. The nurse will also block off the mar for blood pressure documentation to be obtained prior to administration of these medications. The night shift will double check all MD orders written the previous day and review for correct transcription. On the following business day the IDT will review all MD orders and ensure hold order parameters are transcribed to the mar correctly as a final verification. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? A Physician order verification mar/tar CQI audit tool will be completed once weekly x4, bi-weekly x2, and then monthly thereafter by the DNS or designee. The Physician order verification mar/tar CQI audit tool will be reviewed monthly by the CQI Committee for 6 months after which the CQI team will re-evaluate the continued need</p>				

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	<p>The "Vitals Report," dated 06-19-12 at 11:20 a.m., indicated the resident's blood pressure was 116/66 and on 06-20-12 at 4:52 p.m., the blood pressure was 132/68.</p> <p>The Medication Administration record indicated the nursing staff continued to "hold" the blood pressure medications Carvedilol 25 mg and Losartan 100 mg throughout the day on 06-20-12 even though the resident's systolic blood pressure was greater than 100.</p> <p>Interview on 09-20-12 at 3:15 p.m., the Nurse Practitioner indicated he was unaware the orders had not been followed as written.</p> <p>This Federal tag relates to Complaint IN00115145.</p> <p>3.1-35(g)(2)</p>			<p>for the audit. Deficiency in this practice will result in disciplinary action up to and including termination of the responsible employee. Date of Compliance 10/1/12</p>			